



CONSTRUCTION CONTRACTOR'S REGISTRATION APPLICATION

This is a two-year registration.

Montana
Department of Labor & Industry
Employment Relations Division
Contractor Registration Unit
PO Box 8011
Helena MT 59604-8011
(406) 444-7734

Who has to register? Montana law requires contractors with employees in the construction industry to register.

INSTRUCTIONS: Send completed form along with the \$53 application fee to the address listed above.

- ✱ You must have a Montana workers' compensation policy if you have employees. The policy must be Montana statutory coverage, which means "Montana" must be stated on Section 3A of your policy. Contact your insurance agent about your coverage if you have questions.
- ✱ When applying for your Construction Contractor Registration, the Independent Contractor exemption is required if you are **NOT** covered under a workers' compensation policy and are a sole proprietor, partner, limited liability partnership or a member of a member-managed limited liability company.
- ✱ If the Independent Contractor exemption is required you should submit the exemption form with your Contractor Registration application. The Independent Contractor Exemption Certificate application fee is \$125.
- ✱ Out-of-state contractors not currently working in Montana may request a "Bid Only" status. Please circle or highlight this section. When a job is awarded in Montana you must purchase a Montana worker's compensation policy and notify us to change your status.

APPLICANT INFORMATION

Business Name		Registration Number (if first time applying, leave blank)	
Mailing Address		FEIN (Federal Employer Id Number) /SSN	
City	State	Zip Code	Phone ()

What is your business structure?

- | | |
|---|---|
| <input type="checkbox"/> SOLE PROPRIETOR | <input type="checkbox"/> MEMBER-MANAGED LIMITED LIABILITY COMPANY (LLC)* |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> MANAGER-MANAGED LIMITED LIABILITY COMPANY (LLC)* |
| <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP (LLP)* | <input type="checkbox"/> CORPORATION* |

**Must be registered with Montana Secretary of State. For more information, contact them at (406) 444-3665.*

Do you have employees? ☐ Yes ☐ No

Name of workers' compensation insurance company: _____

Policy number: _____ Effective Date: _____

Do you lease employees from a Professional Employment Organization (PEO)? ☐ Yes ☐ No

Name of PEO: _____

Policy number: _____ Effective Date: _____

Do you get workers from a Temporary Service Contractor (TSC)? ☐ Yes ☐ No

Name of TSC: _____ Phone: _____

Address: _____ City/State/Zip Code: _____

(OVER)

Please list all owners, partners, members, managers or officers and their title below. Indicate whether this person is working in Montana and insured under a Montana workers' compensation policy. Sole proprietors, partners and members are required to have the Independent Contractor exemption if they are not insured under a Montana workers' compensation policy. Officers and managers working in Montana who own less than 20% or are not related to an officer or manager owning more than 20% must be insured under a Montana workers compensation policy.

Sole Proprietor, Partnerships and Limited Liability Partnerships (LLP), Member-Managed Limited Liability Company (LLC)
(Please complete the following information)

Name/Title	Mailing Address	City/State/Zip Code	Social Security Number	Percent Owned	Workers Compensation Yes/No	Working Member Yes/No
1.						
2.						
3.						

Corporations, Manager-Managed Limited Liability Company (LLC)
(Please complete the following information)

Name/Title	Percent Owned	Workers Compensation Yes/No	Working Member Yes/No	If Incorporated, are you related to an officer who owns 20% or more? Yes/No
1.				
2.				
3.				

Signature of applicant_____

Print Name of applicant_____

Construction Contractor Registration does not supersede requirements of other government agencies or entities.

For information or assistance with this application, please call (406) 444-7734 or visit our website at www.mtcontractor.com

BEFORE MAILING THIS APPLICATION: HAVE YOU INCLUDED THE FOLLOWING?

- _____ Completed application with signature(s)
- _____ Montana Workers' Compensation Policy Number and/or
- _____ Independent Contractor Exemption Affidavit
- _____ Application fee \$53 (Make checks payable to Department of Labor & Industry or DOLI)